

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

|   |  |   |  |                           |  |   |  |                |  |
|---|--|---|--|---------------------------|--|---|--|----------------|--|
| <b>A For the 2018 calendar year, or tax year beginning</b>  |  | <b>January 1</b>  |  | <b>, 2018, and ending</b> |  | <b>December 31</b>                      |  | <b>, 20 18</b> |  |
| <b>B</b> Check if applicable:   |  | <b>C Name of organization</b>   |  |                           |  | <b>D Employer identification number</b> |  |                |  |
| <input type="checkbox"/> Address change   |  | <b>CARTHA</b>   |  |                           |  | <b>20-5547610</b>                       |  |                |  |
| <input type="checkbox"/> Name change  |  |   |  |                           |  |   |  |                |  |
| <input type="checkbox"/> Initial return   |  | Number and street (or P.O. box, if mail is not delivered to street address)   |  |                           |  | Room/suite                              |  |                |  |
| <input type="checkbox"/> Final return/terminated  |  | <b>85 Leamer Court</b>  |  |                           |  | <b>319-248-9625</b>                     |  |                |  |
| <input type="checkbox"/> Amended return   |  | City or town, state or province, country, and ZIP or foreign postal code  |  |                           |  | <b>F Group Exemption Number ▶</b>       |  |                |  |
| <input type="checkbox"/> Application pending  |  | <b>Iowa City, IA 52246-3202</b>   |  |                           |  |   |  |                |  |
| <b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶   |  | <b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |  |                           |  |   |  |                |  |
| <b>I Website:</b> ▶ <a href="http://www.cartha.org">www.cartha.org</a>  |  |   |  |                           |  |   |  |                |  |
| <b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527      |  |   |  |                           |  |   |  |                |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                       |  |   |  |                           |  |   |  |                |  |
| <b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.</b> |  | \$  |  |                           |  |   |  |                |  |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|                   |                   |  |  |        |  |
|-------------------|-------------------|--|--|--------|--|
| <b>Revenue</b>    | <b>1</b>          | Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>   | 27,349 |  |
|                   | <b>2</b>          | Program service revenue including government fees and contracts . . . . .  | <b>2</b>   |        |  |
|                   | <b>3</b>          | Membership dues and assessments . . . . .  | <b>3</b>   |        |  |
|                   | <b>4</b>          | Investment income . . . . .  | <b>4</b>   |        |  |
|                   | <b>5a</b>         | Gross amount from sale of assets other than inventory . . . . . <b>5a</b>  |  |        |  |
|                   | <b>b</b>          | Less: cost or other basis and sales expenses . . . . . <b>5b</b>   |  |        |  |
|                   | <b>c</b>          | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>  |  |        |  |
|                   | <b>6</b>          | Gaming and fundraising events:   |  |        |  |
|                   | <b>a</b>          | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>  |  |        |  |
| <b>Expenses</b>   | <b>b</b>          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b> |  |        |  |
|                   | <b>c</b>          | Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>   |  |        |  |
|                   | <b>d</b>          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>   |  |        |  |
|                   | <b>7a</b>         | Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>  |  |        |  |
|                   | <b>b</b>          | Less: cost of goods sold . . . . . <b>7b</b>   |  |        |  |
|                   | <b>c</b>          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>   |  |        |  |
|                   | <b>8</b>          | Other revenue (describe in Schedule O) . . . . . <b>8</b>  |  |        |  |
|                   | <b>9</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>   |  | 27,349 |  |
|                   | <b>Net Assets</b> | <b>10</b>  | Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b> |        |  |
|                   |                   | <b>11</b>  | Benefits paid to or for members . . . . . <b>11</b>                      |        |  |
| <b>12</b>         |                   | Salaries, other compensation, and employee benefits . . . . . <b>12</b>  |  |        |  |
| <b>13</b>         |                   | Professional fees and other payments to independent contractors . . . . . <b>13</b>  |  |        |  |
| <b>14</b>         |                   | Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>  |  | 2,679  |  |
| <b>15</b>         |                   | Printing, publications, postage, and shipping . . . . . <b>15</b>  |  | 133    |  |
| <b>16</b>         |                   | Other expenses (describe in Schedule O) . . . . . <b>16</b>  |  | 20,716 |  |
| <b>17</b>         |                   | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>   |  | 23,528 |  |
| <b>Net Assets</b> | <b>18</b>         | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>  |  | 3,821  |  |
|                   | <b>19</b>         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>   |  | 19,923 |  |
|                   | <b>20</b>         | Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>   |  | 0      |  |
|                   | <b>21</b>         | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>  |  | 23,744 |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)



## Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

|    |   | (A) Beginning of year | (B) End of year |
|----|---|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .  | 19,923                | 22 23,744       |
| 23 | Land and buildings . . . . .  |                       | 23              |
| 24 | Other assets (describe in Schedule O) . . . . .   |                       | 24              |
| 25 | <b>Total assets</b> . . . . .   | 19,923                | 25 23,744       |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .   | 0                     | 26 0            |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 19,923                | 27 23,744       |

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) |
|-----------------|---|

Check if the organization used Schedule O to respond to any question in this Part III ☒

|  |   |
|--|---|
| What is the organization's primary exempt purpose? | Educational programs to cultivate Collaborative Doers |
|--|---|

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|    |  |     |        |
|----|--|-----|--------|
| 28 | CARTHA-Iowa Corridor Sangeet Partnership that thematically addresses Social Innovation and Healthfulness by fostering social connectedness and sharing of childhood memories through songs and music at free concerts at local venues; and also making the videotaped versions of such concerts publicly accessible online.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>    | 28a | 22,205 |
| 29 | CARTHA designs, organizes, and hosts Glocalizers around certain themes each year. The theme for 2018 related to loneliness during end-of-life phases and featured issues surrounding palliative care and how to foster better coping skills among patients, their families and 575 caregivers, especially younger generations.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/> | 29a | 614    |
| 30 | Collaborating with a range of professionals, CARTHA sponsors and co-organizes symposia featuring topics that align with CARTHA's program focus areas of social innovation, healthfulness, and fusion philanthropy.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>   | 30a | 704    |
| 31 | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>  | 31a |        |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶  | 32  |        |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

|  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .  | <b>33</b>  | <input checked="" type="checkbox"/> |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .  | <b>34</b>  | <input checked="" type="checkbox"/> |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .  | <b>35a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .   | <b>35b</b> |                                     |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .  | <b>35c</b> | <input checked="" type="checkbox"/> |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .  | <b>36</b>  | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0   |            |                                     |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   | <b>37b</b> | <input checked="" type="checkbox"/> |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .  | <b>38a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .  | <b>38b</b> |                                     |
| <b>39</b> Section 501(c)(7) organizations. Enter:  |            |                                     |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .  | <b>39a</b> |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .   | <b>39b</b> |                                     |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0  |            |                                     |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | <b>40b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  |            |                                     |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .  |            |                                     |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .  | <b>40e</b> |                                     |
| <b>41</b> List the states with which a copy of this return is filed ► Iowa   |            |                                     |
| <b>42a</b> The organization's books are in care of ► Usha Balakrishnan, President/CEO, CARTHA Telephone no. ► 319-248-9625 Located at ► 85 Leamer Court, Iowa city, IA ZIP + 4 ► 52246-3202  |            |                                     |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► . . . . .  | <b>42b</b> | <input checked="" type="checkbox"/> |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |                                     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► . . . . .  | <b>42c</b> | <input checked="" type="checkbox"/> |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .  | <b>43</b>  | <input type="checkbox"/>            |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | <b>44a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | <b>44b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .  | <b>44c</b> | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | <b>44d</b> |                                     |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>45a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .   | <b>45b</b> | <input checked="" type="checkbox"/> |



- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>47</b> |     | <input checked="" type="checkbox"/> |

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |                                     |
|-----------|--|-------------------------------------|
| <b>48</b> |  | <input checked="" type="checkbox"/> |
|-----------|--|-------------------------------------|

- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49a</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

- b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |                          |
|------------|--|--------------------------|
| <b>49b</b> |  | <input type="checkbox"/> |
|------------|--|--------------------------|

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

- f** Total number of other employees paid over \$100,000 . . . . . **0**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

- d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer Usha R. Balakrishnan Date March 26, 2019  
 Type or print name and title Usha R. Balakrishnan, President/CEO, CARTHA

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name Firm's EIN  
 Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ **Yes** ☐ **No**



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 19510    | 6964     | 4277     | 30075    | 27349    | 88175     |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 19510    | 6964     | 4277     | 30075    | 27349    | 88175     |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          | 1237      |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |          |          |          |          |          | 86938     |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .  | 19510    | 6964     | 4277     | 30075    | 27349    | 88175     |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |          | 88175     |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          | 12       |          |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |      |
|---|-----------|------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 98 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 92 % |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>  |           |      |
| <b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |      |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |      |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |      |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>   |           |      |



Schedule O Attachment to Form 990EZ Tax Return for 2018

**Response to Form 990EZ-Part I, Line 16, Other expenses**

- Expenses primarily relate to performance fees, food catering, and direct costs relating to 7 separate events organized and hosted under the CARTHA-Iowa Corridor Sangeet (ICS) program led by Dr. Nitin Karandikar. Five of these events were partly funded through a \$10,000 grant from Humanities Iowa. Also included are the food costs relating to the CARTHA Glocalizer held in September 2018 and five other programs and symposia sponsored by CARTHA (in partnership with other nonprofits: Iowa City Foreign Relations Council, Johnson County United Nations Association, Iowa City Noon Rotary Club, RAG4Clubfoot, and the Iowa Chapter of the Licensing Executive Society). All expenses are reviewed, managed, and recorded first by Dr. Karandikar, and then presented for review, approval and payment or reimbursement (via CARTHA, by CEO Ms. Usha Balakrishnan).

**Responses to Form 990EZ-Part III: Program Service Accomplishments**

- CARTHA (“Collaborative Arts in Research Translation for Human Advancement”) designs and sponsors academic-practitioner fellowships, and intergenerational Glocalizers focused on Social Innovation, Fusion Philanthropy, and Healthfulness. Volunteers tend to usually self-select themselves into CARTHA through a key question: *What are your aspirations for humanity?*

**MAJOR PROGRAMS, GLOCALIZERS & FELLOWSHIPS IN 2018**

- In 2018, we experienced huge success (somewhat unexpectedly although much-hoped-for!) with the CARTHA-Iowa Corridor Sangeet (ICS) Partnership Programs focusing on Bollywood-related and Indian Classical musical concerts that combined educational and historical features to connect people through music and memories. Under the able leadership of CARTHA Ambassador and ICS Program’s Founding Director, Dr. Nitin Karandikar, we had more than a dozen volunteers dedicating their time and resources, along with the support of institutional partners such as the University of Iowa (e.g., School of Music, International Programs-South Asian Studies Program). Each event was free and open to the public, and these events were well-attended. The following events were partly funded by a grant from Humanities Iowa:
  - April 6: North Indian (Hindustani) Classical Vocal Concert by Pandit Shounak Abhisheki at University of Iowa School of Music-Voxman Building.
  - April 11: South Indian (Carnatic style) Concert by Violin Sisters Dr. Lalitha & Ms. Nandini at University of Iowa School of Music-Voxman Building
  - April 13: Film screening of “Riding on a Sunbeam” and discussion with Mauktik Kulkarni
  - May 11: Bollywood-style music concert titled “Pancham: The Immortal Note” featured famed music director R.D. Burman’s melodic songs performed by Niche Entertainment. Held at the Coralville Center for the Performing Arts.
  - October 2: Bollywood-style music concert performed by Niche Entertainment titled “Maestros & Melodies” depicted the mastery of 30 Bollywood music composers. Held at the Coralville Center for the Performing Arts.

In addition, we also held an event on October 31: 50 Years of Bollywood performed by Samir & Dipalee, Inc. at City High School Auditorium.

Based on the demonstrated success of these activities, audience feedback, and an independent program evaluator’s report, CARTHA has won a second grant from Humanities Iowa for \$20,000 for 2019-2020. The events held in Coralville were videotaped (at no cost to CARTHA) by the local TV Channel (CoralVision) and these recordings were broadcast on these public channels. In addition to the community gaining exposure to art forms and reflecting on collaborative ventures from different cultures, our events are also helping address an important and timely intergenerational issue which is increasingly described as a public health challenge across the US and elsewhere: the issue of “loneliness” and how to produce community-level programming that allows different groups of people across different ages and life-phases remain socially (re)connected through commonly-shared stimulating musical experiences and learning.



- CARTHA's programming focus continued to address loneliness by encouraging various forms of social connectedness through music and memory-sharings. CARTHA Glocalizer titled "Dying-Well Dialogues: Conversations to Promote Community Awareness, Resource Networks, and Coping Skills for patients, families, and caregivers in end-of-life phases" was held on September 18, 2018 at the University Club with about 80 people in attendance. The dialogue, moderated by Ms. Balakrishnan, featured Dr. M.R. Rajagopal, Founder of Pallium India of Kerala, India who was being hosted in Iowa City by Dr. Ann Broderick as well as other university professors. The program goals and format were produced after Ms. Balakrishnan's one-on-one discussions with two dozen local physicians, nurses, hospice leaders, community volunteers, and Carthans (including CARTHA Board Members Ms. Judy Leavitt, Ms. Linda Harrar, and Dr. Roger Williamson). With participation by CARTHA Fellows Marcus Brown and Akash Gururaja, and CARTHA Board Members and Ambassadors, this 2-hour program was videotaped at no cost to CARTHA by the City of Iowa City's TV Channel 4 and is available on CARTHA's HomePage and for public viewing at: <https://youtu.be/ZVnp9coDvbY>
- A high-schooler from Cedar Rapids, Akash Gururaja was designated as a CARTHA Fellow in 2018. We guided him as he was interested in CARTHA programs to address issues of loneliness as a public health dilemma. Akash also utilized his talents as a violinist to perform pro bono at nursing homes. With connections fostered by CARTHA, he also helped charities such as the Hospice Home of Johnson County (aka The Bird House) and performed at the Glocalizer in September 2018.
- "Musicality in Parks" discussion continued with the City of Iowa City Manager and Parks Director as well as an ethnomusicologist faculty member and urban and regional planning professor.

#### **OUTREACH/SPEAKING ENGAGEMENTS IN 2018**

- April 12: Ms. Balakrishnan delivered an invited speech titled "CARTHA Programs Connecting People on April 12 at the Cedar Rapids Lions Club Corridor Business Journal's 90 Ideas in 90 Minutes event. She highlighted in her speech the value of serendipity in the building of friendships and relationships that then have the opportunity to be translated into wonderful collaborations, including for the purposes of advancing humanitarian causes.
- May 22: Ms. Balakrishnan served on a panel for the N.E. W. Leadership Institute to encourage young college-going women to become active participants in civic boards and committees and also serve as volunteers for community non-profit in order to achieve their personal aspirational goals and advance in their professional pursuits.
- CARTHA sponsored three program presentations at the Iowa City Foreign Relations Council.
- December 4: Ms. Balakrishnan attended the weekly meeting of the Rotary Club of Sarasota Bay, and immediately found collaborators to explore a joint project with Rotarians in Iowa City, Sarasota, and Cambodia to advance physician training in the non-surgical Ponseti Method of treating Clubfoot deformities.

**AGENCY ENDOWMENT FUND:** The CARTHA Fund to support Partnerships in Social Innovation (an Agency Endowment Fund at the Community Foundation of Johnson County-Iowa) stands now at \$ 6,572 as of December 31, 2018.

**ANNUAL BOARD MEETING:** To celebrate CARTHA's 12<sup>th</sup> year, we held our Board Meeting / Aspirations Gathering on Friday, September 14, 2018 at the Iowa City Public Library.



**Response to Part IV: List of Officers, Directors, Trustees of CARTHA**

• **Usha Balakrishnan, Founder, President/CEO, and Board Chair since 2006**

85 Leamer Court, Iowa City, IA 52246 / Email: [usha.balakrishnan@gmail.com](mailto:usha.balakrishnan@gmail.com)

• **Linda Harrar – Board Member since 2012**

10 Oxbow Road, Wayland, MA 01778 / Email: [ldharrar@aol.com](mailto:ldharrar@aol.com)

• **Judith Leavitt – Board Member since 2016**

2209 Jessica Lane, Coralville, IA 52241 / Email: [Leavitt.j47@gmail.com](mailto:Leavitt.j47@gmail.com)

• **Roger Williamson – Board Member since 2016**

4235 Turkey Creek Rd NE, Iowa City, IA 52240 / Email: [roger-williamson@uiowa.edu](mailto:roger-williamson@uiowa.edu)

**Response to Part V: Lines 35a and 35b**

CARTHA did not receive any unrelated business income in 2018.